

AO 435 (Rev. 10/23)				Case 24-11131-1-rel Doc 162 Filed 12/20/24 Entered 12/20/24 12:11:06 Desc ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS Main Document Page 1 of 1		FOR COURT USE ONLY	
TRANSCRIPT ORDER						DUE DATE:	
Please Read Instructions:							
1. NAME Matthew G. Roseman			2. PHONE NUMBER (516) 296-9106		3. DATE 12/20/2024		
4. DELIVERY ADDRESS OR EMAIL 333 Earle Ovington Boulevard, 2nd Fl.			5. CITY Uniondale		6. STATE NY	7. ZIP CODE 11553	
8. CASE NUMBER 24-11131		9. JUDGE Robert E. Littlefield Jr.		DATES OF PROCEEDINGS			
				10. FROM 12/19/2024		11. TO	
12. CASE NAME The College of Saint Rose				LOCATION OF PROCEEDINGS			
				13. CITY Uniondale		14. STATE NY	
15. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input checked="" type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)			
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Sale Hearing		12/19/2024 at 1:30 PM	
<input type="checkbox"/> BAIL HEARING							
17. ORDER							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS	
30-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
7-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
3-Day	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
Next-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
2-Hour	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES				
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00	
18. SIGNATURE /s/ Matthew Roseman				PROCESSED BY			
19. DATE 12/20/2024				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED			
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00	

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